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**Offence and Health Declaration Form**

Name of applicant: Date:

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| **Current offence** | | | | |
| Nature of offence: | | | | |
| Date of Incarceration (if any): | Date of Release: | | First Time: | Yes / No |
| **Have you been convicted for an offence before?** | | | | Yes / No |
| Nature of offence: | | | Date of incident: | |
| Date of incarceration (if applicable): | | | Was this your first offence? Yes / No | |
| If there is other previous offence(s), please write date and duration: | | | | |
| **History of drug taking?** | | | | Yes / No |
| **If yes, type of Drug:**   Heroin  Meth  Marijuana  Ecstasy  Inhalant  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Frequency of drug use: | | When did you first take drug? | | |
| Date of last consumption: | | Currently on urine supervision: Yes / No | | |
| **History of drinking?** | | | | Yes / No |

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| **If yes, type of alcohol:**   Beer  Vodka  Whiskey  Stout  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Frequency**  Daily / More than twice a week / Once a week / Social drinker | When did you started drinking? | |
| **Do you smoke?** | | Yes / No |
| Frequency | When did you started smoking? | |
| **Have you been involved with secret society before?** | | Yes / No |
| Name of gang: | Are you still with them? Yes / No | |
| **History of self-harm** | | |
| Have you attempted suicide before?  If Yes, when was your last attempt? | | Yes / No |
| Have you attempted to self-harm yourself?  If Yes, when was your last attempt? | | Yes / No |
| **History of Psychopathology** | | |
| Do you always feel sad / depressed | | Yes / No |
| Do you always feel angry and is unable to control your anger | | Yes / No |
| Do you always feel anxious If yes, please specify: | | Yes / No |
| Do you have panic attack | | Yes / No |
| Do you feel anxious in a crowd | | Yes / No |
| Do you hear voices in your head telling you to do something? | | Yes / No |
| Do you have repetitive behaviours (e.g. frequent checking, hand washing) | | Yes / No |
| Do you sometime feel loss sense of time / places | | Yes / No |
| Do you have epilepsy / fits? | | Yes / No |
| Have you been diagnosed with by psychiatrist?  If yes, please specify:   Anxiety  Bi-polar  Borderline  Depression  Delusional  Mood  Psychotic Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Yes / No |
| Are you currently seeing Psychiatrist / Psychologist / Counsellor?  If yes, please elaborate: | | Yes / No |
| **History of special need** | | |
| ADHD | | Yes / No |
| Autism | | Yes / No |
| Dyslexia (difficulty in learning to read or interpret words, letters, and other symbols) | | Yes / No |
| Other condition, please specify | | Yes / No |
| **Medical condition** | | |
| Asthma | | Yes / No |
| High Blood Pressure | | Yes / No |
| Heart Problem. If yes, please specify: | | Yes / No |
| Cancer. If yes, please specify: | | Yes / No |
| Fractures. If yes, please specify: | | Yes / No |
| Muscle / Joint Problem | | Yes / No |
| Eye Problem | | Yes / No |
| Headlice / Dandruff | | Yes / No |
| Other medical condition, please specify: | | Yes / No |
| Are you currently on medical treatment?  If yes, for what reason? | | Yes / No |
| **Have you been hospitalised in the past 2 years?** | | Yes / No |
| If yes, when and for what reason? | | |

I hereby declare that the information provided is true and accurate to my knowledge, and I have not deliberately omitted any relevant fact(s). I understand that any wilful dishonesty could jeopardise my admission into GEM WINners’ Home or render termination of my programme (if accepted). I also understand I am to update and correct the above information whenever applicable.

I give my consent to GEM NSC to obtain written and/ or verbal information about me from my caseworker / officer / doctor / psychiatrist / psychologist / counsellor for the purpose assessing my application with GEM NSC.

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| Applicant name and signature |  | | | Date |  |
| Guardian name and signature  (For applicant below 21) |  | Relationship to applicant |  | Date |  |
| Officer name and signature |  | Designation / Agency |  | Date |  |